

No. 03-0168-CP2

Estate of Donald Wesley Black,
Deceased

In the County Court
of Williamson County
In Matters Probate

Letters Testamentary

The State of Texas
County of Williamson

I, Nancy E. Rister, Clerk of the County Court, Williamson County, Texas,
do hereby certify that on the 22nd day of April, 2003,

Mary Diane Black

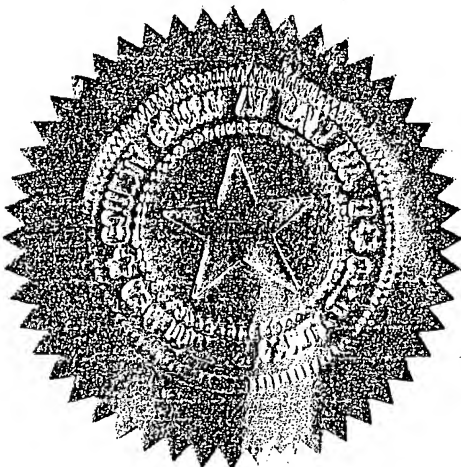
qualified according to law as Independent Executor of the Estate of Donald Wesley
Black, Deceased and said qualification is still in full force and effect.

These Are, Therefore, Given, to prove his capacity to act as such.

Witnessed, my hand and the seal of the County Court of Williamson County, at
Georgetown, Texas, this the 22nd day of April, 2003.

Nancy E. Rister, County Clerk
Williamson County, Texas

By S. Filmore
Deputy



CERTIFICATE OF VITAL RECORD

CITY OF AUSTIN

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. NAME OF DECEASED (a) FIRST Donald		(b) MIDDLE Wesley		(c) LAST Black		(d) MAIDEN Male		2. SEX Male		3. DATE OF DEATH Sept 7, 2002	
4. DATE OF BIRTH Aug 29, 1963		5. AGE (IN YEARS) 39		6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY) Amherst, Texas		7. SOCIAL SECURITY NO. 466-49-2005					
8. RACE Caucasian		9a. WAS THE DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		9b. IF YES, SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.		10. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED. ELEM. OR SECONDARY (9-12) COLLEGE (13-16, 17+) 16			
12. MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Mary Diane Scott				14. DECEDENT'S USUAL OCCUPATION Software Developer		15. KIND OF BUSINESS OR INDUSTRY Computers			
15a. RESIDENCE STREET ADDRESS 1009 Oaklands Drive						15b. CITY OR TOWN Round Rock					
15c. COUNTY Williamson		15d. STATE Texas		15e. ZIP CODE 78681		15f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
16. FATHER'S NAME Houston Malone Black				17. MOTHER'S MAIDEN NAME Minnie Belle Wells							
18. PLACE OF DEATH (CHECK ONLY ONE) <input type="checkbox"/> HOSPITAL: <input type="checkbox"/> INPATIENT <input checked="" type="checkbox"/> OUTPATIENT <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: <input type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)											
19. COUNTY OF DEATH Travis		20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) Austin		21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address) North Austin Medical							
22. INFORMANT - SIGNATURE & RELATIONSHIP Mary D. Black - wife				23. MAILING ADDRESS OF INFORMANT 78681				24. METHOD OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)			
25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE) Capital Memorial Park		25b. LOCATION (CITY, STATE) Pflugerville, Texas		25c. Section T		25d. Block 43B		25e. Lot 2		25f. Space 2	
26. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Luella Beck 11/21				27. DATE OF DISPOSITION 9-10-2002		28. NAME & ADDRESS OF FUNERAL HOME Beck Funeral Home 15709 Ranch Rd 620 Austin, Texas 78717					
30. CERTIFIER <input type="checkbox"/> CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input checked="" type="checkbox"/> MEDICAL EXAMINER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> JUSTICE OF THE PEACE											
31. SIGNATURE & TITLE OF CERTIFIER Roberto J. Bayardo, M.D.				32. DATE SIGNED 09 07 02		33. TIME OF DEATH 11:00 am		34. PRINTED NAME & ADDRESS OF CERTIFIER P O BOX 1748 Austin, TX 78767			
35. PART 1 ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Pulmonary thrombo-emboli Sudden DUE TO (OR AS A LIKELY CONSEQUENCE OF): b. DUE TO (OR AS A LIKELY CONSEQUENCE OF): c. DUE TO (OR AS A LIKELY CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST											
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (e.g., substance abuse, diabetes, smoking, etc.)						36a. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		38. DID ALCOHOL USE CONTRIBUTE TO DEATH? <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		39. WAS DECEDENT PREGNANT AT TIME OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		40. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		41a. DATE OF INJURY		41b. TIME OF INJURY M.	
41c. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		41d. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)		41e. DESCRIBE HOW INJURY OCCURRED							
42a. REGISTRAR FILE NO. 02 2985		42b. DATE RECEIVED BY LOCAL REGISTRAR SEP 09 2002		42c. SIGNATURE OF LOCAL REGISTRAR Raguel Moreno							

WARNING: The penalty for knowingly making a false statement in this form can be \$210 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 191.051, 191.052)

S173080

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health & Safety Code.

ISSUED

SEP 09 2002

Raguel Moreno
Local Registrar

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